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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/922,233			ing Date 03/2001	To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
	FOR	N	JMBER FII	LED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A]	N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 = *]	x \$ =		OR	x \$ =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings existeets of paper, the application size is \$250 (\$125 for small entity) for eadditional 50 sheets or fraction then 35 U.S.C. 41(a)(1)(G) and 37 CFR									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								ı			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
	APP	OED - PART II (Column 2)		SMAL	L ENTITY	OR		ER THAN ALL ENTITY				
AMENDMENT	06/23/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
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	Independent (37 CFR 1,16(h))	٠1	Minus	···6	= 0]	x \$ =		OR	X \$220=	0	
ΑMI	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))	•	Minus	**	=		x \$ =		OR	x \$ =		
Δ	Independent (37 CFR 1.16(h))	•	Minus	***	=	ı	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))					ı			Į.	<u> </u>		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR	I		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The Selection of Ingrangian is assumed to 3 CEPE II SH This information is previously a benefit in the public which is to file and by the INSPTO to											

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